

State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
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ELIZABETH CONNOLLY
Acting Commissioner

VALERIE HARR Director

KIM GUADAGNO Lt. Governor

CHRIS CHRISTIE

Governor

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE
AND HEALTH SERVICES

M.M.,

PETITIONER.

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

OAL DKT. NO. HMA 01406-15

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DIVISION OF MEDICAL ASSISTANCE

AND HEALTH SERVICES AND

CUMBERLAND COUNTY BOARD

OF SOCIAL SERVICES.

RESPONDENTS.

As Director of the Division of Medical Assistance and Health Services, I have reviewed the record in this matter, consisting of the case file, the documents in evidence and the Initial Decision. No exceptions to the Initial Decision were filed. Procedurally, the time period for the Agency Head to file a Final Agency Decision is April 30, 2015, in

accordance with N.J.S.A. 52:14B-10, which requires an Agency Head to adopt, reject, or modify the Initial Decision within 45 days of receipt. The Initial Decision was received on March 16, 2015.

I hereby ADOPT the Initial Decision affirming the denial of Medicaid eligibility. The undisputed evidence in the record indicates that Petitioner's monthly income exceeds the maximum income limit for the Medicaid Program for a household of three. There is simply no authority that permits the relaxation or waiver of the income limits in any individual case. However, I suggest that Petitioner apply for coverage through the Health Insurance Marketplace at www.healthcare.gov or by calling 1-800-318-2596.

Of course, if Petitioner's financial circumstances change, she may reapply for benefits.

THEREFORE, it is on this and day of APRIL 2015,

ORDERED:

That the Initial Decision AFFIRMING the denial of Medicaid benefits based upon excess income is hereby ADOPTED.

Valerie J. Harr, Director

Division of Medical Assistance

and Health Services